

Your details

Title: Mr Mrs Miss Ms Other

First name: _____

Surname: _____

Address: _____

Postcode: _____ Telephone: _____

Email: _____ I confirm I am over 16

By cheque

I would like the chance to win for (please tick)

One Number

10 Weeks £10

26 Weeks £26

13 Weeks £13

52 Weeks £52

Two Numbers

10 Weeks £20

26 Weeks £52

13 Weeks £26

52 Weeks £104

Please make your cheque made payable to **St Helena Hospice** and return it to:
St Helena Hospice Lottery Office, 95-97 Magdalen Street, Colchester, CO1 2LA

By debit or credit card

Please debit my: Visa Mastercard CAF card Maestro/Debit card

Please enter amount due

£

My card details are as follows:

Name: _____

Security number

Card Number:

Maestro only

Valid from / Expiry date / Maestro Issue No. /

Signature: _____

No further payments will be taken without your permission. In order for the Hospice to lower the cost of administration, payments on cards can only be taken at 10,13,26 or 52 week intervals.

Players must be 16 or over to play the St Helena Hospice Lottery

Responsible gambling support is available from www.ngt.org.uk or www.gamcare.org.uk

Promoter R.Stamp. Registered with the Gambling Commission No. 4685. www.gamblingcommission.gov.uk

St Helena Hospice a company limited by guarantee. Registered in England and Wales No. 01511841. Registered Charity Number 280919.

Registered Office: Myland Hall, Barncroft Close, Highwoods, Colchester. CO4 9JU.

By standing order

Please use this method to pay for your chances in our Lottery, so more of your £1 goes to help our patients.

Title: Mr Mrs Miss Ms Other

First name: _____

Surname: _____

Address: _____

Postcode: _____ Telephone: _____

Email: _____ I confirm I am over 16

Please pay St Helena Hospice. Account Number 48171271 Sort Code 60 06 06

Your Bank

Bank Address

Account Name

Account No.

Sort Code **Quoting Ref:**

To be completed by the Hospice

Number of chances per week at £1 per chance

I would like to pay:

- **Monthly at** £4.34 →
- **Quarterly at** £13.00 →
- **Six monthly at** £26.00 →
- **Annually at** £52.00 →

Please tick

Total payment due £

Signature _____

Date of 1st Payment _____
and thereafter until further notice

St Helena Hospice is registered under the data protection act 1998. Your details will not be disclosed to any third party but we may, from time-to-time, send you news about St Helena Hospice. If you would prefer not to receive this information,

Please complete and return to:
**St Helena Hospice
Lottery Office,
95-97 Magdalen St,
Colchester,
CO1 2LA**